

KANSAS STATE BOARD OF PHARMACY  
800 Jackson St., Ste 1414  
Topeka, KS 66612  
PHONE: (785) 296-4056  
FAX: (785) 296-8420

**FEE: \$1.25**

**APPLICATION FOR DUPLICATE POCKET CARD**

\_\_\_\_\_  
NAME OF APPLICANT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_\_  
WORK PHONE NO.

\_\_\_\_\_  
HOME PHONE NO.

I further certify that the certificate, as indicated above, has not been given away to some other person or disposed of to some other person.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT